tors for developmental delay and 12 normal infants were used for assessment, with 10, 20 and 20 recordings for preterm, writhing and fidgety periods, respectively. The tapes were rated by 3 physical therapists at the same time and re-rated one month later. The consistencies within rater and between raters were analysed using kappa statistics.
Results.– The intra-rater agreement was high, but the inter-rater agreements ranged between substantial and high. The lower reliabilities between raters might arise from disagreement in identifying the subcategories of abnormal general movements.
Discussion.– The reliability of the GMA was acceptable either within or between raters. With proper training, the technique could be applied in the infants with high-risk factors for developmental delay in our settings. Further studies to determine the validity of the assessment are needed.

http://dx.doi.org/10.1016/j.rehab.2014.03.1266

P360-e

Deep brain stimulation could be an effective treatment in cerebral palsy?

C. Miranda
Centro Hospitalar de Vila Nova de Gaia/Espinho, Matosinhos, Portugal

Keywords: Cerebral palsy; Brain stimulation; Rehabilitation
Introduction.– Cerebral palsy with dystonia-choreoathetosis is a common cause of disability. Pharmacological treatment is often unsatisfactory. Deep brain stimulation could be an effective treatment option in these patients?
Material and methods.– Review of literature based on selected articles from Medline research database until November 2013.
Result.– During the last decade, several case reports have been published about this treatment in patients with dyskinetic cerebral palsy. In most studies, the globus pallidus internus was the primary target for stimulation, but other studies reported the subthalamic nucleus or thalamus with varying results. This technique showed an improvement in disability, quality of life, pain, and social interactions in most patients, whereas cognitive function and mood are preserved. Young patients with little spasticity have a better response to treatment, unlike patients with irreversible deformations.
Discussion/Conclusion.– Scales that assess performance in gross motor function should be included in future studies, and physical and rehabilitation medicine should be involved.
Further reading
Koy A, et al. Effects of deep brain stimulation in dyskinetic cerebral palsy. Mov Disord 2013;28.
Vidailher M, et al. Bilateral pallidal deep brain stimulation for the treatment of patients with dystonia-choreoathetosis cerebral palsy: a prospective pilot study. Lancet Neurol 2009;8:709–17.

http://dx.doi.org/10.1016/j.rehab.2014.03.1267

P361-e

Radial head luxation in unilateral congenital below elbow deficiency (UCBED), its relevancy

W. Janssen[a,*], C. van Nieuwenhoven[b], S. Hovius[b]
[a] *Erasmus MC, Rotterdam, Netherlands*
[b] *Erasmus MC, University Hospital, Department of Plastic Surgery, Netherlands*
*Corresponding author.

Keywords: Radial head luxation; Below elbow deficiency
Objective.– In children with a unilateral congenital elbow deficiency, a radial head luxation occurs frequently. No exact data are present to which amount it poses a problem, such as physical complaints or problems in providing and using a prosthesis.
Material.– Three cases with radial head luxation in children with unilateral congenital below elbow deficiency will be presented concerning history, physical examination and work up with diagnostic procedures. The consequences for presented.
Discussion.– Radial head luxation in children with UCBED can be seen frequently but exact data concerning its prevalence in children with UCBED are not available. Awareness on symptoms and complaints is mandatory to advice parents on treatment options.
Further reading
Reed MH. Radiologic features of congenital transverse deficiency of the forearm. Can Assoc Radiol J 1991;42:345–8.
Menio GJ, Wenner SM. Radial head dislocations in children with below-elbow deficiencies. J Hand Surg Am 1992;17:891–5.

http://dx.doi.org/10.1016/j.rehab.2014.03.1268

P362-e

Epilepsy in patients with multiple disabilities: Healthcare project in institution

C. Allaire[a,*], S. Brau[b], N. Dantec[b], P. Gallien[c]
[a] *Institut APF-Handas, CHU de Rennes, Chartres de Bretagne, France*
[b] *Institut APF-Handas, France*
[c] *CRF pôle Saint-Hélier, Rennes, France*
*Corresponding author.

Patients with multiple disabilities frequently develop epilepsy with a high proportion of severe cases, significantly impacting daily life and care.
Objective.– The aim is to show how a multidisciplinary approach and acknowledgement of the disability impacts patient care.
Method.– Our observational cohort comprised 77 multiply disabled patients, 67% of which suffered epilepsy, both adult and underage, living in one of two APF-Handas institutions (near Rennes). The analysis focused upon different types of epilepsy and care among those patients. Disease severity and subsequent disability were assessed using a scale provided by the EFAPPE comity.
Results.– Multidisciplinary reviewing and coordination on patient cases has resulted in reduced needs of medication and hospital care, and–sometimes surprisingly–better adaptation responses to the disorder.
Conclusion.– To the multiply disabled person, epilepsy in itself has to be acknowledged as a disability. Its treatment should be a whole part of the healthcare program.

http://dx.doi.org/10.1016/j.rehab.2014.03.1269

P363-e

Treatment of equinus foot in patients with cerebral palsy

H. Zerouga*, Z. Talem, N. Rebib, S. Belkadi, N. Douma, F. Zaamcha
EHS Pédiatrique de Canastel, Oran
*Corresponding author.

Keywords: cerebral palsy; Equinus; Spasticity; Toxin; Plaster walking boots; Orthotic
Equinus in patients with cerebral palsy results from two factors: excessive contracture of the triceps surae and muscle retraction.
Objective.– To evaluate functional aspects and to appreciate the results of different treatments in our institution.
Materials and methods.– Ninety infants with cerebral palsy were treated in PMR department at Canastel hospital between January 2011 and May 2012. We measure the maximal passive dorsal flexion angle of the foot, before and after treatment. We appreciate the quality of ankle motion before and after treatment. Treatments were: physical therapy, toxin, progressive lengthening technique using plaster walking boots and orthotic device.
Results.– Forty-eight percent of infants can walk, they had equinus gait, 5% had dynamic equines with good passive dorsal flexion. All patient had toxin injections. Ninety percent had a mean of two plaster walking boots. Mean gain obtained was 10° knee flexed. Eighty percent had orthotic after plaster.